

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90038 040 \*\*\*\*61.25

**DOCUMENT # N93000000727**

1. Entity Name  
**POLK COMPUTER USERS' GROUP, INC.**



Principal Place of Business  
**PO BOX 90404  
LAKELAND, FL 33804-0404 US**

Mailing Address  
**PO BOX 90404  
LAKELAND, FL 33804-0404 US**

**54034780**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3170958**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOOKS, WILBUR  
5745 POINCIANA AVENUE  
LAKELAND, FL 33809-3354**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing.) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>PD</div> <div>JAMES, ROGER</div> <div>925 CLEARVIEW AVENUE</div> <div>LAKELAND, FL 33801</div> </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>VP1</div> <div>CLAY, DALLAS</div> <div>112 QUAILWOOD DR.</div> <div>WINTER HAVEN, FL 33880</div> </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>SD</div> <div>KOCHENBURGER, PAT</div> <div>8810 SIMPSON LANE</div> <div>LAKELAND, FL 33809</div> </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>TD</div> <div>HOOKS, WILBUR</div> <div>5745 POINCIANA AVENUE</div> <div>LAKELAND, FL 338093354</div> </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>VPD</div> <div>HISTED, ROBERT</div> <div>925 LAKE HOLLINGSWORTH DRIVE</div> <div>LAKELAND, FL 338033139</div> </div> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>VPD</div> <div>KIWAK, TONY</div> <div>4444 US 98N.</div> <div>LAKELAND, FL 33809</div> </div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wilbur Hooks **WILBUR HOOKS** Apr 11 14, 2004 (863) 858-3279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR